

BOARD OF BAR EXAMINERS
110 EAST MAIN STREET, SUITE 715
MADISON, WI 53703-3328

SUPREME COURT OF WISCONSIN

TELEPHONE: 608-266-9760

TO: Law School Dean

**FROM: Office of the Director
Board of Bar Examiners**

RE: Dean's Certificate for Wisconsin Bar Examination Applicant

The Board of Bar Examiners requests that the Dean execute this form, as the Dean typically has access to student records which relate to character and fitness. Please send the form directly to the Board at the above address. Applicants are ineligible for admission to practice law in Wisconsin unless this form has been received directly from the law school. Additional remarks are welcome and may be supplied on the back of this form. Thank you.

Name of Applicant: _____

Name of Law School: _____

Dates of Attendance: _____

VERIFICATION OF J.D.

Please complete the correct statement for this applicant:

____ The applicant graduated with the degree of Juris Doctor on _____.
date

____ The applicant has officially fulfilled all requirements for graduation and the degree of Juris Doctor will be conferred on _____.
date

____ The applicant has not fulfilled all requirements for graduation. The degree of Juris Doctor is anticipated by _____.
date

VERIFICATION OF CHARACTER AND FITNESS

Is the applicant's record clear from the standpoint of integrity and scholarship?

Yes _____ No* _____

Does the applicant's record contain any information that reflects unfavorably on his or her character or fitness to practice law?

____ Yes* _____ No

Signature of Certifying Official: _____

Date: _____ Title: _____

* A certified copy of the Authorization and Release of the applicant will be sent to you with a request for additional information.